



THE STATE OF MISSOURI  
*State Board of Nursing*  
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OFFICERS AND MEMBERS, MISSOURI STATE BOARD OF NURSING

The officers of the Missouri State Board of Nursing for the fiscal year July 1, 1969 to June 31, 1970 are:

Miss Mary Ruth Cuddy, R.N., President. Miss Cuddy is Director, Nursing Education and School of Nursing, Burge-Protestant Hospital, Springfield, Missouri. Her present term ends June 1, 1971.

Mrs. Clare Eisenbach, R.N., Secretary-Treasurer. Mrs. Eisenbach is Coordinator of Health Occupations, Sikeston Public Schools, Sikeston, Missouri. Her present term ends June 1, 1970.

Other members of the Board of Nursing are:

Mrs. Myla A. Hutchens, R.N., Director of Nursing Service, North Kansas City Memorial Hospital, North Kansas City, Missouri. Mrs. Hutchens' present term ended June 1, 1969.

Sister M. Isidore Lennon, R.S.M., is Director of Public Relations, St. John's Mercy Hospital, St. Louis. Sister's present term ends June 1, 1970.

Mrs. Lucille Ferry, R.N., is a School Nurse with the Nevada Public Schools, Nevada, Missouri. Mrs. Ferry's present term ends June 1, 1971.

Mrs. Anna V. Sneathen, L.P.N., is a Nursing Assistant, Whiteman Air Force Base, and her home is in Sedalia, Missouri. Mrs. Sneathen's present term expires June 1, 1970.

SENATE BILL NO. 16

Senate Bill No. 16, introduced by Senator William J. Cason, Clinton, Missouri on January 9, 1969 was about fourteenth (14th) on the calendar when the House of Representatives adjourned at 11:30 P.M. Monday evening, June 30, 1969.

The bill was approved by the Senate on May 27, 1969 and was approved by the License Committee of the House of Representatives on June 18, 1969. There was no opposition to the bill from any source.

We appreciate your encouragement and support and assistance in our request to change the fee structure of the Nursing Practice Act. We will try again at the earliest opportunity and will again request your assistance at that time.

CHANGES IN SCHEDULING OF BOARD MEETINGS AND ANNUAL MEETING WITH PROGRAMS OF PROFESSIONAL NURSING

Since the increase in funds is not available to the Board of Nursing, the January and April Board meetings will be consolidated and one Board meeting will be held in the latter half of March. The annual meeting of programs of professional nursing will follow the March meeting of the Board. Please watch for the new date in the next Newsletter.

CHANGES IN TEST PLANS FOR LICENSING EXAMINATIONS

Programs of professional nursing will find enclosed with this Newsletter a copy of the revised Test Plan for the State Board Test Pool Examination for Registered Nurse Licensure and programs of practical nursing will find a copy of the revised Test Plan for the State Board Test Pool Examination for Practical Nurse Licensure.

RECOGNITION OF BOARDS OF NURSING AS ACCREDITING AGENCIES

Public Law 90-490, Health Amendments Act of 1968, contains a provision which permits the U.S. Commissioner of Education to name a state agency as an accrediting agency for schools of nursing. At their April 1969 meeting, the members of the Board of Nursing voted that the Missouri State Board of Nursing should proceed to apply for recognition as an accrediting agency.

ARMY CLINICAL SPECIALIST, MOS:91C20, ELIGIBLE FOR LICENSURE AS A PRACTICAL NURSE IN MISSOURI

At their June meeting the members of the Board of Nursing approved granting licensure as a practical nurse to the Army Clinical Specialist, MOS:91C20, who has completed the forty week course offered by the U.S. Army and whose transcript is available and acceptable; who submits evidence of an honorable discharge; who states that she/he has never been charged with Article Fifteen; who meets the requirements of completion of two years of high school or the equivalent; is of good physical and mental health and of good morale character; and who attains a passing score on the State Board Test Pool Examination for Practical Nurses.

Clinical Specialist Courses, 300-91C20 are conducted at the following locations:

Brooke General Hospital, Brooke Army Medical Center, Ft. Sam Houston, Texas  
DeWitt Army Hospital, Fort Belvoir, Virginia  
Fitzsimons General Hospital, Denver, Colorado  
Letterman General Hospital, San Francisco, California  
Madigan General Hospital, Tacoma, Washington  
Specialized Treatment Center, Fort Gordon, Georgia  
Valley Forge General Hospital, Phoenixville, Pennsylvania  
William Beaumont General Hospital, El Paso, Texas  
Womack Army Hospital, Fort Bragg, North Carolina



RESOLUTION ADOPTED ON THE REGISTERED NURSE AND CARDIAC RESUSCITATION

WHEREAS, Three important techniques are now widely used in cardiac resuscitation: 1) mouth-to-mouth, bag, or other mechanical breathing devices; 2) closed chest cardiac massage; 3) the external defibrillator; and the results of these techniques have been greatly rewarding and often quite dramatic; and

WHEREAS, Complications can arise from these techniques, but if these three procedures listed above are not promptly employed in emergency situations the outcome will almost surely be fatal, and faced with this alternative the risks involved seem quite small; and

WHEREAS, Time is a key factor in obtaining success in cardiac resuscitation and prompt total therapy (including the use of the external defibrillator (when indicated) is the most effective method of overcoming the problems of cardiac arrest; and

WHEREAS, Most hospitals in Missouri presently do not have house staff coverage and times most certainly arise when there are no physicians present in the hospital, many precious minutes may elapse before definitive resuscitation can be carried out thus rapidly diminishing the chances of success and

WHEREAS, The obvious solution is the utilization of specially prepared registered professional nurses, the only person instantly available at the time an arrest occurs who is capable of carrying out complete cardiac resuscitation, including the use of the defibrillator, prior to the arrival of the physician; and

WHEREAS, Registered professional nursing personnel already employ the techniques of emergency ventilation and closed chest massage, training in the use of the defibrillator in emergency situations is all that is lacking; and

WHEREAS, Practically all leading authorities in the field recommend that key registered professional nursing personnel be trained in the recognition of fatal arrhythmias and in the use of the defibrillator; and

WHEREAS, Many centers around the country already use registered professional nurses in this role; and

WHEREAS, The medical, nursing, and hospital associations of several states have already adopted joint statements extending the role of the nurse to cover this area; therefore be it

RESOLVED, That the (names of adopting boards and associations) adopt the following statements on defibrillation; and be it further

RESOLVED, That since advances made in the care of patients with myocardial infarction through research and the development of electronic equipment have changed the role of the registered professional nurse in defibrillation of patients from an assisting role to a more active role in emergency situations and since the practice of professional nursing includes the administration of medicines and treatments as prescribed by a person licensed to practice medicine and the act of defibrillating a patient under prescribed conditions is a treatment that has been authorized by a person licensed to practice medicine, defibrillation in emergency situations falls within the practice of professional nursing.

RESOLUTION ON CARDIAC RESUSCITATION (Continued)

With the objective of providing a statement to serve as a guide for agencies and individual practitioners, the prescribed conditions under which defibrillation by a registered professional nurse can take place are stated as follows:

1. Written operations policies are established that cover the care of such patients in emergency situations.
2. The specially prepared registered professional nurses shall have had specific instructions including theory and demonstrations in the use of the monitoring system, in interpretation of this system, and in the subsequent necessary defibrillation and have had practice in the use of these techniques under direct medical supervision.

It is recognized that it is the prerogative of the

1. Employing agency to determine if this is a nursing function within that institution;
2. Medical and nursing staff and hospital administration to:
  - (a) determine the procedural guidelines for the performance of this emergency treatment
  - (b) determine the means of instruction,
  - (c) decide on the competency to perform the emergency treatment with provisions for re-evaluation and instruction of the specially prepared registered professional nurses.

The Missouri State Board of Nursing has not been requested to adopt a resolution similar to the one above for licensed practical nurses.

SCHEDULING OF LICENSING EXAMINATION FOR REGISTERED NURSES FOR DECEMBER 1969

In response to an emergency situation, the Missouri State Board of Nursing will schedule the licensing examination for registered nurses on December 11-12, 1969. Candidates wishing to write this licensing examination should contact the Board of Nursing not later than October 2, 1969.



#### RENEWAL OF LICENSURE

Section 335.110 of the Nursing Practice Act states that "any licensee who allows her or his license to lapse by failing to renew the license as provided....may be reinstated by the Board on satisfactory explanation for such failure to renew her or his license and on payment of the current renewal fee..... Any person who practices nursing as a registered professional nurse or as a licensed practical nurse or as a registered obstetrical nurse during the time her or his license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties for violations of this chapter."

#### ANNUAL REPORTS OF LICENSEES EMPLOYED IN HOSPITALS AND NURSING HOMES

The forms sent to hospitals and nursing homes each year requesting them to list names and license numbers of registered professional and licensed practical nurse employees for the Board of Nursing to verify licensure status are being prepared for mailing.

Hospitals will receive their forms in the near future with the request to return them by September 1, 1969. The forms will be forwarded to nursing homes approximately September 1 with a request to return them by November 1, 1969.

#### FEES OF CANDIDATES WHO DO NOT REPORT FOR LICENSING EXAMINATION

At their June 1969 meeting the members of the Board of Nursing established the policy with the advice and assistance of the Assistant Attorney General assigned to the Board of Nursing, that if a candidate who has submitted a fee and has been scheduled to write the licensing examination does not report to write the examination and within a reasonable time does not advise the Board of Nursing of the reason for not reporting and if the reason is not a legitimate one, the examination fee will be abandoned and escheated to the state and will not be returned; however, if the Board of Nursing is advised why the candidate cannot or did not report and the reason is a legitimate one, the fee may be applied to the next scheduled examination only.